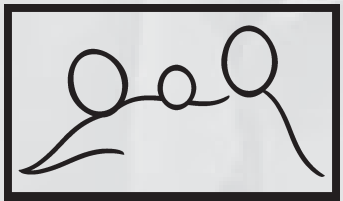
MODULE I:

The Parallel Process (The Soto Family)



STARTING
EARLY
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SMART

Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

A Narrative Overview of Module I

This opening session lays the foundation for all four modules. The tone of the training is set during the icebreaker. Because relationship building is at the heart and soul of producing Ordinary Miracles, the icebreaker facilitates participant relationship building with each other. The trainer tailors this exercise based on firsthand knowledge of how well (if at all) the participants know each other.

Participants are oriented to the contents of their notebooks, including background on the *Starting Early Starting Smart (SESS)* program that generated the Ordinary Miracles training program. Many of the philosophical underpinnings of *SESS* are embodied in Ordinary Miracles. The first viewing segment of the video provides a synopsis of *SESS* as well.

Next the trainer lays out the overall training goals and subject matter for the four sessions, along with the schedule for those meeting times. The trainer involves participants in a dialog about their expectations (hopes and wishes) for the training and discusses these vis a vis the subject matter covered in the four sessions. The trainer points to the specific module(s) where particular expectations are likely to be met and clarifies if participant expectations are different from the focus of the training.

The real work of Module I begins with an introduction to the specific learning objectives for the day and the first of several active exercises in observing (watching and listening) and providing feedback. The videotaping process and the concepts of protective factors, family strengths, mutual competence, and the parallel process are introduced in the context of viewing the videotape. A basic understanding of these concepts is an essential foundation for the work with families. At the close of the module, participants are given a reading assignment as homework before the next session.

Special note regarding trainer preparation for this module: *It is very important to become intimately familiar with the video footage ("Ordinary Miracles" Tape 1, The Parallel Process: The Soto Family), which may require more than one viewing prior to the session. Each viewing reveals new subtleties. A transcript of the dialog is also provided in each module. For this session, there is one handout—the schedule (dates and times) for each of the training sessions—that must be prepared by the trainer. A template (Handout I-4) is provided to assist with this.*

Module Goal:

To discover how videotaping "shapes the work" of home visitors and supervisors with families and children who are engaged in a parallel process to strengthen parent and child relationships.

Module Objectives:

At the end of this module, participants will be able to

- Explain what is meant by the phrase "parallel process."
- Describe three strategies for supporting/affirming parent-child interactions.
- Observe and point out strength-based interactions (on the videotape) between mother and child, home visitor and mother, and supervisor and home visitor.
- Express a motto for doing this work.

Module Outline

Total estimated time: 3 to 3 ½ hours

Training Materials:

Video:

Ordinary Miracles, Tape 1, *The Parallel Process: The Soto Family*

Slides/Overhead Transparencies:

Slide I-1. Training Goals (all 4 modules)

Slide I-2. The 4 Modules (4 slides, a-d)

Slide I-3. Module I Goal and Objectives (2 slides, a&b)

Slide I-4. Mutual Competence Defined

Slide I-5. 3 Strategies Observed

Slide I-6. The Parallel Process

Slide I-7. Motto for This Work

Handouts:

Handout I-1. About *Starting Early Starting Smart*: A Synopsis, page 12

Handout I-2. Guiding Principles in Providing Integrated Behavioral Health Services for Young Children and Their Families, page 13

Handout I-3. Training Goal and Course Objectives, page 15

Handout I-4. Training Schedule (template), page 16

Handout I-5. Glossary of Terms used in Ordinary Miracles, page 17

Handout I-6. Observation/Viewing Notes—Mother and Child, page 20

Handout I-7. Observation/Viewing Notes—Mother and Home Visitor, page 21

Handout I-8. Observation/Viewing Notes—Supervisor and Home Visitor, page 22

Handout I-9. Homework Reading: "Strengthening Families Through Strengthening Relationships I: Supporting the Parent-Child Relationship Through Home Visiting," page 23

Handout I-10. Homework Reading: "Using Home Videotapes to Strengthen the Parent-Child Relationship," page 28

Video Transcript of Soto Family Tape, page 32

Module I Expanded Trainer Notes, page 36

Equipment:

- Newsprint, easel, and markers
- Overhead projector for transparencies or laptop and projector for Power Point Slides
- VCR and monitor (ideally 27" or larger)

Module Procedure/Trainer Outline:

I. Introductions and Housekeeping Announcements

A. Facilitate Introductions:

Introduce trainers and participants, using an "icebreaker" that encourages all participants to share something personal with the group. A recurring theme of this training is the importance of relationship. The icebreaker activity should be a first step toward developing "relationship" among participants. (See Expanded Trainer Note 1, page 36.)

B. Orient Participants to Their Notebooks:

1) **Introduce the contents** (i.e., location of handouts and paper copies of slides).

2) **Point out location of handout and slide numbers** (i.e., handout numbers are in upper righthand corner; slide numbers are in lower righthand corner).

II. Background on the *Starting Early Starting Smart* Initiative

A. Provide background on the national initiative that produced this training program:

Show first segment of "Ordinary Miracles," tape 1 (up to first STOP icon).

B. Point out two handouts:

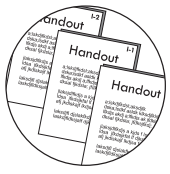
1) The handouts provide more information on the *Starting Early Starting Smart (SESS)* initiative.

2) The videotaping process, which is taught in this training program, is one of the successful innovations used by *SESS*. (Handouts I-1 and I-2)

Reminders

EXPANDED TRAINER NOTE 1

VIDEOTAPE 1



HANDOUTS I-1 and I-2

Note: Handout numbers are in the upper righthand corner.

C. Explain and discuss the philosophical foundation:

1) The process taught in this training is consonant with the prevention science literature on "risk and protective factors."

2) Prevention science literature says that **a nurturing parent-child relationship,** one where positive "attachment" has developed between parent and child, **is the primary *protective factor*** for children who are living with environmental *risk* such as living in economically depressed areas or in a family environment that includes substance abuse or domestic violence.

3) **This training is strength-based.**

See Expanded Trainer Note 2, page 37.

EXPANDED TRAINER NOTE 2

III. Overview of the Ordinary Miracles Training

A. Participant expectations:

1) First, **project Slide I-1**, Overall Goal for Training Program.

2) **Process expectations** for the training by asking what each participant hopes to learn.

3) **List participant expectations** on newsprint. Move to "Training Preview."

SLIDE I-1

B. Training Preview:

1) Using Slides I-2a–2d, **show overview of training** modules and learning activities. Clarify where participant expectations are most likely to be met.

2) The underlying style and theme of this work and this training is that **it is relationship-based.** A large part of the training is experiential. To make this a successful training experience, participants must be willing to share their own experiences of the videos,

EASEL & NEWSPRINT

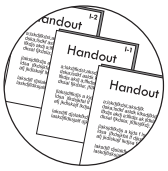
SLIDES I-2a–2d

the exercises, and their own work. The work of the training team is to make the learning environment a safe and conducive space in which to learn and grow together.

3) **Discuss expectations** around the use of videotaping in their own work during the time they are in training.

4) **Distribute goals** (Handout I-3) and training schedule (Handout I-4).

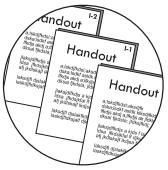
5) **Highlight the fact that practice** in videotaping families (as homework) will begin after the second session.



HANDOUTS I-3 AND I-4

C. Frequently Used Terms:

Take a moment to **preview the Glossary**, especially the terms emphasized today: family strengths, mutual competence, parallel process, protective factor. The Glossary will be a useful reference throughout the training. (Handout I-5)



HANDOUT I-5

IV. Introduction to "The Work"

A. Module Goal and Objectives:

Preview the work for this session by introducing the module's training goals and participant learning objectives. (Slides I-3a and 3b)

SLIDES I-3a–3b and HANDOUT I-3

B. Introduce the two experts:

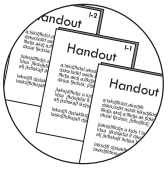
1) Victor Bernstein and Sally Campbell are two pioneers in using video for this work, and they will introduce us to "the work."

2) View brief clip (up to second STOP icon).

VIDEOTAPE 1

C. "Building on strengths" and "mutual competence":

1) **Underscore** Victor's use of the phrase, **"building on strengths"** and its relevance to this work. (Also see "family strengths" in the Glossary, Handout I-5.)



HANDOUT I-5

2) Introduce the phrase "mutual competence," and talk about the 5 elements of mutual competence, which become a lens for us to use in observing interactions (project Slide I-4):

SLIDE I-4

The parent and child:

a) feel secure,

b) feel valued,

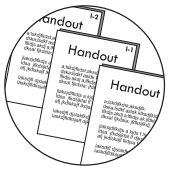
c) feel successful,

d) are happy, or

e) enjoy learning together.

D. Segue to next clip:

What did the baby do? To model the importance of following the baby's cues, begin the sharing of observations with what we saw *the baby* do. Not only do we want to model our belief that this process works best if we "follow the child's lead," it is also true that if the focus is on the parent first, he or she may feel judged and scrutinized rather than supported—even if the conversation is positive.



HANDOUT I-6

1) Start with very brief practice in observing.

a) Watch the video clip, then

b) Use the observation notes (Handout I-6) to capture what you saw or heard.

VIDEOTAPE 1

Play the very brief clip of the mother feeding her child. Run tape forward to next (third) Stop icon.

2) After viewing, allow participants a moment of reflection, then use these questions:

a) What did you notice? (See? Hear?)

b) What did the baby do?

c) What did you see the mother do?

d) What did you see in the baby's face? In the mother's face?

e) Did you spot an instance of mutual competence between mother and child?

Suggestion: These questions could be put on newsprint.

V. Watching with the Home Visitor: Cultivating Mindful Subconsciousness

EXPANDED TRAINER NOTE 3

A. Introduce the concept of mindful subconsciousness:

See Expanded Trainer Note 3, page 37.

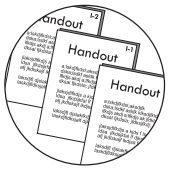
B. Segue to next segment of video:

1) **We'll explore another layer to the work.** You'll see the home visitor and the mother watching the video they made.

2) **Comment: When you're observing, you really need to be experiencing the video on at least two levels:**

   a) Enjoying the mom and baby; and

   b) Thinking about what the home visitor could say.



HANDOUT I-7

3) **Use the next viewing observation notes sheet** (Handout I-7):

   a) Again, allow a few moments for notes and reflection after viewing the video segment.

   b) Run video to next (fourth) STOP icon.

VIDEOTAPE 1

C. Process the viewing:

1) **Break groups into two smaller groups** to share observations from their notes and memories. Home visitors in one group and supervisors in the other: Each group should choose a person to "report" back to the full group on the small group discussion.

SMALL WORK GROUP

2) **Reconvene as full group.** Ask for group reports on their observations (Follow your notes—what did you see? Hear? What would you like to know more about? Share any other insights or questions that may have emerged.)

   Be sure that the observation is made (preferably by a participant, and reinforced by you, the trainer) that **the role of the home visitor** (in looking at the home video with the parent) **is to be present and to create**

opportunities for the parent to look and learn. *The key point in this video is that the parent saw for herself what was working, and Edie supported the mother's own self-awareness.*

3) **Comment that in the next training session** we will spend some time learning how to ask questions in a helpful way. That strategy is called "observation and inquiry."

4) **What parallels (or similarities) did you see** between the work of the two duos (mother and child and home visitor and mother)?

VI. Home Visitor and Her Supervisor

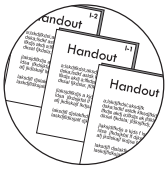
A. Now add still another layer or parallel activity to the process:

1) **Preview the next segment:** Edie, our home visitor, will review the video clips we've just watched with her supervisor, Gretchen.

2) **Practice observation skills** again, using Handout I-8.

   a) As you watch Edie with the mother, observe the ways she works or techniques she uses.

   b) When Gretchen, Edie's supervisor, works with her, observe the techniques or strategies she uses.



HANDOUT I-8

3) Run videotape up to the next (fifth) STOP icon.

VIDEOTAPE 1

B. Process the viewing:

1) What strategies did you see Edie using in working with the mother?

2) What did you observe between Edie and her supervisor Gretchen?

3) **Summarize the different strategies** that have emerged in Edie's work with this family. You will have seen the 3 ways below (Slide I-5):

   - Questions were posed around positive things they had observed.


SLIDE I-5

- Sharing/commenting on observations around what was working for the baby.
- Positive feedback or affirmation was given.

4) **Ask for observations:** What did we observe in the video that illustrates the meaning of "building on strengths" and/or "mutual competence"?

VII. The Experts Wrap It Up

VIDEOTAPE 1

A. Return to video commentary:

Back to the experts: Run video to end of tape.

B. Process the last video segment:

1) **How or where are we most likely to spot "the ordinary miracle"** (the face)?

Can anyone expand on that (e.g., In this instance, Mother and child made eye contact and responded to each other in verbal ways? One's sense of the "connection" is almost visceral.)

2) **Discuss Victor's point** about the importance of the mother being able to define for herself what made her a good parent and what the implications of that idea would be for home visitors.

3) **Use Slide I-6 to illustrate** the 3 parallel levels of the *parallel process* that we have now observed:

- Mother nurtures child.
- Home visitor nurtures mother.
- Supervisor nurtures home visitor.


SLIDE I-6

4) **Entertain any questions or clarifications** about what "parallel process" means.

5) **Project Slide I-7:** The motto for our work can be stated as, "Do unto others as you would have others do unto others."


SLIDE I-7

VIII. Session Wrapup

SLIDES I-3a and I-3b

A. Review the module objectives:

Use Slides I-3a and I-3b as a learning summary, reinforcing the activities used to achieve the objectives.

B. Homework:

HOMEWORK

1) **How will you use** what you've observed here today during the next week?

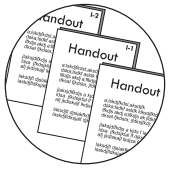
   Here are two ideas:

   a) Observe a family and write down a few examples of interaction between parent and child that were supportive of mutual competence.

   b) Make at least one comment to a parent about their child's behavior that brings a smile to his or her face.

   c) Be prepared to share what happened with the group.

2) **Read Handouts:**



HANDOUTS I-9 and I-10

Handout I-9 "Strengthening Families Through Strengthening Relationships I: Supporting the Parent-Child Relationship Through Home Visiting," and

Handout I-10 "Using Home Videotapes to Strengthen the Parent-Child Relationships."

C. Next session:

1) **Observation practice** with the Jenkins-Magarity family (on video).

2) **Hands-on practice** in actually using a video camera and tape, which will prepare you for taping one of your own families.

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Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

Overall Goal for Training Program

To develop competence in using videotape to strengthen nurturing parent-child relationships.

STARTING EARLY STARTING SMART

Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

Overview of Modules

MODULE I: The Parallel Process

- Learn why building nurturing parent-child relationships is so important
- View the first family – the Soto Family
- See how the work is carried out as a parallel process
- Homework: Two readings

STARTING EARLY STARTING SMART

Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

Overview of Modules (continued)

MODULE II: Parallel Partnerships

- Focus on 3 key concepts (mutual competence, parallel partnership, and observation and inquiry)
- Observe the Jenkins-Magarity Family's home video
- Participate in hands-on videotaping laboratory

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Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

Overview of Modules (continued)

MODULE III: Supervision

- Learn how reflective supervision works
- Observe the Jones-Hitch Family's videotape
- Share videotapes made by participants as their homework assignments

STARTING EARLY STARTING SMART

Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

Overview of Modules (continued)

MODULE IV: Working With Competent Families

- Focus on what generativity means in this work
- Observe the Galvez Family's videotape
- Final sharing of videotapes made by participants

STARTING EARLY STARTING SMART

Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

Module I Training Goal

To learn how videotaping "shapes the work" of

- families,
- home visitors, and
- supervisors

who are engaged in a parallel process to strengthen parent-child relationships.

STARTING EARLY STARTING SMART

Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

Module I

Participant Learning Objectives

At the end of this session, participants will be able to:

- Explain what is meant by "parallel process."
- Describe three strategies for supporting/affirming parent-child interactions.
- Identify mutually competent interactions (on the videotape).
- Express a motto for doing this work.

STARTING EARLY STARTING SMART

Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

Mutual Competence Defined

- An experience enjoyed simultaneously by two or more people.
- Observed in any interchange in which two human beings feel secure, valued, successful, happy, or enjoy learning together.
- Good for the intellectual, emotional, or spiritual development of both individuals.

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Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

Strategies Used on the Video by the Home Visitor (Edie)

- Questions were positive—designed to create reflection
- Pointed out things that worked—gave specific examples
- Gave positive reinforcement

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Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

The Parallel Process

Mother nurtures Child.

Home Visitor nurtures Mother.

Supervisor nurtures Home Visitor.

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Motto for the Parallel Process

"Do unto others as you would have others do unto others."

--Jeree Pawl and St. John

About *Starting Early Starting Smart*

STARTING EARLY STARTING SMART

Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

Starting Early Starting Smart (SESS) is a knowledge development initiative designed to:

- Create and test a new model for providing integrated behavioral health services (mental health and substance abuse prevention and treatment) for young children (birth to 7 years) and their families; and to:
- Inform practitioners and policymakers of successful interventions and promising practices from the multi-year study, which lay a critical foundation for the positive growth and development of very young children.

The *SESS* approach informs policy-making for:

- Service system redesign
- Service access and utilization strategies
- Strengthening the home environment
- Targeting benefits for children
- Using culture as a resource in planning services with families
- Working with families from a strengths-based perspective

In October 1997, with initial funding of $30 million, the Substance Abuse and Mental Health Services Administration (SAMHSA) and Casey Family Programs embarked on a precedent-setting public/private collaboration. Twelve culturally diverse grantee organizations were selected. Each provides integrated behavioral health services in community-based early childhood settings—such as childcare, Head Start and primary care clinics—where young families customarily receive services for children. Critical to this project is the required collaboration among funders, grantees, consumers, and local site service providers. Implicit in the design of this project is sustainability planning for secured longevity of the programs.

The Study Design

The 12 grantees, working collaboratively, designed a study in which integrated behavioral health services are delivered in typical early childhood settings. Each site has an intervention and comparison group, and each site delivers similar targeted, culturally-relevant, interventions for young children and their families. A collaboratively determined set of outcomes has been established to evaluate project effectiveness:

- Access to and use of services;
- Social, emotional, and cognitive outcomes for children;
- Caregiver-child interaction outcomes; and
- Family functioning.

The goal of the *SESS* research is to provide rigorous scientific evidence concerning whether children and families participating in *SESS* programs achieve better access to needed services and better social, emotional, cognitive, and behavioral health outcomes than do the children and families not receiving these services. *SESS* programs may also generate information about opportunities, practices, and barriers to sought-after outcomes. This information is critical to achieving effective public policies.

SESS Extended

It was clear from the early days of *SESS* that whatever effects were uncovered, longitudinal extension of the study would be valuable. In 2001, SAMHSA and Casey Family Programs embarked upon an extension phase, which will increase understanding of the impact of early intervention as young children enter preschool and school years, when babies or toddlers are asked to meet escalating emotional and cognitive demands. This longitudinal extension can validate early methods and findings and assess their durability. It is anticipated that this work will include additional data points of a refined instrument set and intervention package with the addition of study questions related to cost and value, and other special studies. Future plans include applying and validating early *SESS* lessons learned, key concepts, components, and principles in new settings that serve families with young children.

Summation

In sum, *SESS* reflects the growing acknowledgement that the infant and preschool years lay a critical foundation for later growth and development, and that it is important to target positive interventions to very young children. Second, successful interventions for very young children must meet the multiple behavioral health, physical health, and educational needs of families. Third, integrated behavioral health services must be made more accessible to families with multiple needs, which are difficult to meet in a fragmented service system.

For more information about *Starting Early Starting Smart* and related SAMHSA-Casey products, go to ***www.casey.org*** or ***www.health.org/promos/sess.***

Casey Family Programs
1300 Dexter Avenue, North
Seattle, WA 98109
voice (206) 282-7300
fax (206) 282-3555

Washington, DC Office
1808 Eye Street, NW
Washington, DC 20006
voice (202) 467-4441
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Rockville, MD 20857
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Guiding Principles in Providing Integrated Behavioral Health Services for Young Children and Their Families: The *Starting Early Starting Smart* Experience

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The *SESS* Difference

SESS principles draw upon a wealth of intuitive, good-practice knowledge, which has been developed by parents and professionals over the years. The *important SESS difference is in the outcomes. SESS principles have been rigorously evaluated in 12 sites over a 4-year period. Empirical evidence says, " SESS Works".*

For more information about *Starting Early Starting Smart* and related SAMHSA-Casey products, go to ***www.casey.org*** or ***www.health.org/promos/sess.***

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The *SESS* Philosophy

The *SESS* program goals are to develop, evaluate rigorously, and disseminate new knowledge and information on how best to integrate and provide behavioral health services (services targeting mental health and substance abuse) to young children and their caregivers. To accomplish this task, prevention and treatment services were integrated within settings that already served young children and their families (child care, Head Start, and Primary Health Care).

The primary *SESS* guiding principle is captured in the phrase, "It's all in the relationship." Clinical, collaborative, and administrative efforts are all relationship-oriented, focusing on positive parent-child, family-staff, staff-agency, and agency-agency interactions. The success of this work depends first and foremost upon positive rapport and trust building with families.

Planning Involves Comprehensive Community-Based Assessment

The first step in planning a *SESS* collaborative is a comprehensive community assessment to obtain a clear demographic picture and to identify existing community resources. It is recommended that this assessment be carried out with other organizations such as existing task forces, multidisciplinary teams, and human service coalitions. Matching services to populations requires responding to specific documented needs; it does not require replication of an inflexible program model. There is no single universally implemented *SESS* model. Rather, there is a *SESS* framework which serves as a guide to program design. The required behavioral health service components are depicted in **Exhibit 1.**

Families Must Participate as Full Partners

SESS Families, as consumers, are involved in all stages of program development, including planning, implementation, and evaluation. Because the quality of the relationship between the family and the service providers is key to program effectiveness, family involvement is not only an ethical imperative, but a pragmatic one as well. The family voice requires more than representation, it requires active participation.

Collaboration — With Other Community Programs That Serve Families — Is Fundamental

To provide the needed comprehensive range of services for *SESS* participants, it is imperative that a genuine spirit of cooperation exists among a range of stakeholders. Examples of collaboration partners include family members, mental health providers, substance abuse prevention and treatment providers, early childhood and youth services, educational settings, child welfare agencies, social service agencies, health care providers, criminal justice agencies, faith-based service programs, and public health initiatives.

A Culturally Relevant Intervention Approach Is Essential

Families need access to cultural, linguistic, and age-appropriate services. Families reflect cultural diversity in their values and beliefs as well as in the views and expectations they have for themselves. Understanding diversity factors is particularly important in planning *SESS* program services. (**Exhibit 2**) Implementing a *SESS* service integration program requires the ability to customize services to meet the unique cultural needs of individual families, agencies, and communities. Staff, both professional and paraprofessional, should be culturally competent, and if possible, reflect the demographics of the populations served.

A Strengths-Based Program Serves Both Families and Staff

The *SESS* program has a strengths-based focus (as opposed to the traditional deficit model). Together staff and family identify the family's strengths as a part of service planning, and the

The *SESS* program and evaluation study are sponsored by an innovative public-private collaboration between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) and Casey Family Programs, a private operating foundation.

Single copies of *SESS* publications—which amplify the principles, practices, and evidence-based outcomes on which this fact sheet is founded—are available FREE (while supplies last) from the National Clearinghouse for Alcohol and Drug Information. Call (800) 729-6686 or go to ***www.health.org*** to preview, download *SESS* publications, or to order online.

chosen services incorporate and build on those strengths. The importance of "the relationship" in a strengths-based approach necessitates attention to how well staff are supported, trained, and nurtured by the program. Dedication and commitment to serving the target population or community, as well as overall "buy-in" to the general *SESS* philosophy and approach are essential to program fidelity.

The *SESS* "Golden Rule" dictates that agencies treat staff in the same manner they would like the staff to treat families. This parallel process of an agency nurturing its staff can significantly affect how staff nurture families. Staff who feel supported and valued can model ways in which parents can support and value their children.

Flexibility in Meeting Basic Family Needs Is Critical

One basic key to engaging families in services is to maintain a flexible schedule of when and how services are provided. Opportunities for program involvement are made available at various days, times, and convenient locations (including center- and home-based activities). In addition, *SESS* programs address concrete barriers to participation, including basic needs for transportation and childcare.

EXHIBIT 1.
BEHAVIORAL HEALTH SERVICE COMPONENTS

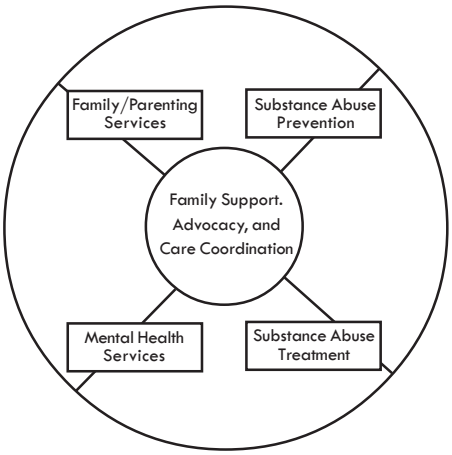
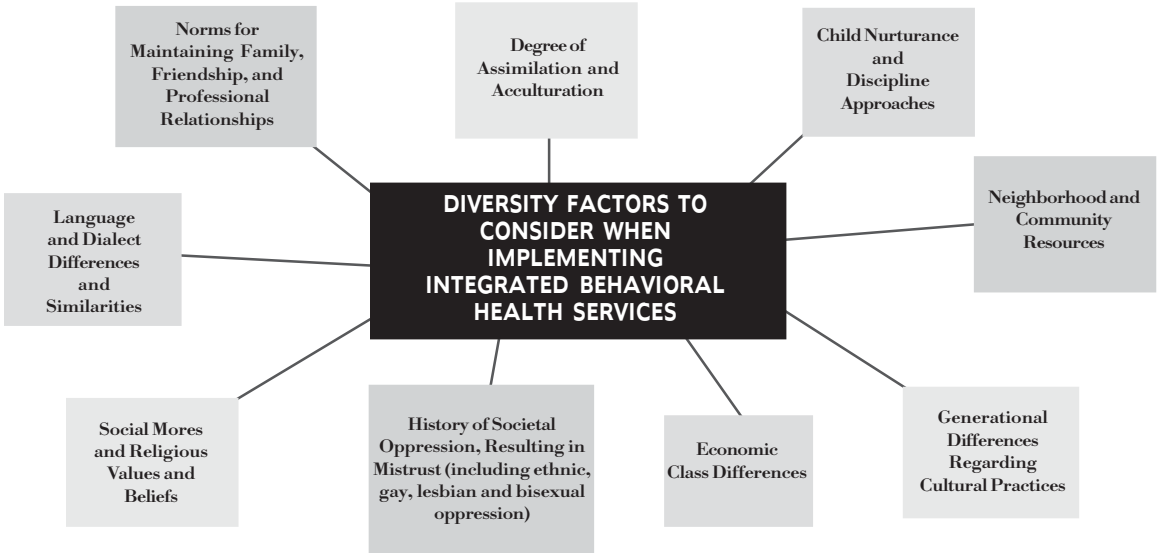


EXHIBIT 2.
CONSIDERING DIVERSITY FACTORS IN INTEGRATED BEHAVIORAL HEALTH SERVICE DELIVERY



Training Goals

Overall Training Goal

To help home visitors and their supervisors develop competence in using videotape to develop nurturing parent-child relationships.

Module I Goal

To learn how videotaping "shapes the work" of families, home visitors, and supervisors who are engaged in a parallel process to strengthen parent-child relationships.

Module I – Participant Learning Objectives:

At the end of this session, participants will be able to:

- Explain what is meant by the phrase "parallel process."
- Describe three strategies for supporting/affirming parent-child interactions.
- Observe and point out mutually competent interactions (on the videotape) between mother and child, home visitor and mother, and supervisor and home visitor.
- Express a motto for doing this work.

Training Schedule Template

Module	Date & Location
Module I – Parallel Process	_____
Module II – Parallel Partnerships	_____
Module III – Supervision	_____
Module IV – Working with Competent Families	_____

Glossary of Terms and Concepts Used in "Ordinary Miracles"

Attachment. Attachment describes a mutual, reciprocal relationship between an infant and a caregiver. This relationship develops slowly during the early months and years of a child's life. Attachment is usually quite well established by the time the child is about a year old. Human infants are strongly predisposed to become attached to the adults who care for them in the first few months of life. Attachments have significant impact on a child's future attitudes, behavior, and social interactions. A secure attachment in infancy lays the foundation for healthy, competent development in later years. (cf. bonding)[1]

Bonding. Bonding refers to the warm close feelings parents experience in the first hours and days of their baby's life. In contrast to attachment, bonding is basically one-sided—it describes the parent's experience with his or her new infant. (cf. attachment)[2]

Family Strengths. Family strengths are all the personal attributes, interests, elements of the family's environment that can be drawn on to build and enrich the lives of each family member. Examples could include a strong desire to succeed in "being a family," the ability to see humor in adversity, hobbies that bring knowledge or skills into the family environment, the ability to "play" together, inquiring minds, interest in and access to the natural world.[3]

Generativity is the voluntary giving back of some aspect of oneself to the other party in a relationship. For example, in a home visitor relationship, generativity occurs when either the home visitor or the family member acknowledges a benefit derived from their work together, responds with more than minimal information, or demonstrates the value or usefulness of something learned from the other. Generativity is a *result or outcome* of mutual competence, or true partnership.[4]

Observation and Inquiry. To provide feedback and support, the home visitor or supervisor asks about specific observed behavior (e.g., Tell me how you knew she would respond that way? What do you think would happen if . . .? How did you feel when . . .?). The use of "observation and inquiry" is not an opportunity to express judgments (positive or negative) or to give advice. This approach allows the recipient to discover the answers within him or herself and express them in his or her own words, which in turn reinforce the recipient's own belief that he or she can produce desired results and affect others in positive ways.[5]

Mindful Subconsciousness. Mindful subconsciousness is manifested in small, positive behaviors that connect human beings and communicate "you are important to me". When these small acts are cultivated or reinforced (e.g. by observing oneself on videotape) or by a home visitor (e.g., "There, you moved your head down to her level. What made you decide to do that?"), the almost subconscious act can become a mindful, conscious behavior. The little things that keep us in close, caring relationships act as a buffer against the detrimental affects of stress (the forces of risk). The small caring gestures that tell a child he or she is "special" build resilience in the young child.[6]

Mutual Competence. The mutual competence dimension of interpersonal relationship can be observed in any interchange in which two human beings feel secure, valued, successful, happy, or enjoy learning together. The experience of mutual competence is good for the intellectual, emotional, or spiritual development of both individuals. Mutually competent relationships must exist at all levels of the parallel process —from parent and child to supervisor and home visitor. Mutually competent relationships are an essential foundation for success; indeed, they are the agent of change in doing this work.[7]

Ordinary Miracles. A phrase that was coined got this video training package. Ordinary miracles are extraordinary moments of connection between parent and child, which can be observed in everyday activities. The goal of this training is, through the use of videotaping, to help parents and other caregivers see these moments and cultivate their abundant growth.

Parallel Process. The parallel process is based upon the belief that nurturing relationships support the development of still more nurturing relationships. For example, the parallel process is an observable likeness (parallel) of the interaction between the parent and home visitor team and the interaction between the supervisor and home visitor team; i.e., the supervisor models the same nurturing behavior with the home visitor as that which he/she hopes to observe between the home visitor and the parent. Home visitors strive to build a nurturing relationship with parents to support the development of a nurturing parent-child relationship. A nurturing supervisor-home visitor relationship must be in place to support the home visitor in developing nurturing relationships with families. Supervisors and program managers must nurture each other and give all staff the opportunity to support one another through nurturing peer supervision (the parallel process). An underlying principle for this parallel process is to "Do unto others as you would like to see others do unto others." [8]

Principles for Reflective Supervision:
Principle 1. The Parallel Process. "Do unto others as you would have others do unto others." [9,10]
Principle 2. All family members want what is best for their child.[9]
Principle 3. Parents, not Home Visitors, are the experts on their children.[9]
Principle 4. The most important thing in working with a family is to read their cues.[9]
Principle 5. To be effective, Home Visitors require protected time to reflect on their work with their supervisor and peers.[10]

Protective Factor. A nurturing parent-child relationship, one where positive "attachment" has been developed between parent and child, is the primary *protective factor* against the "forces of risk" for children that are living with environmental risk or with developmental disabilities. This relationship is also called a *mutually competent* parent-child relationship. Protective factors (e.g., strong relationship with parent, adequate nutrition, housing, health care, few chronic stressful life events, family stability and cohesiveness) are conditions that can build resilience and protect or offset the impact of personal or environmental risk factors (e.g., living in economically depressed areas or in a family environment that includes substance abuse or domestic violence).[11]

Reflective Supervision. Reflective supervision represents an opportunity to reflect on one's own work in a safe environment—an environment that one can trust to be supportive.

Effective reflective supervision is based on a positive, nurturing, yet professional, supervisory relationship that encourages sharing. It consists of warmth, acceptance, respect, understanding, and trust. Good supervisors self-disclose and create an atmosphere of experimentation and allowance for mistakes. The core belief behind reflective supervision is the Parallel Process—nurturing begets nurturing.[12]

[1] Definition adapted from Erickson, Martha Farrell, Ph.D., Julie Endersbe, M.Ed., Jill Simon, M.S.W., *Seeing is Believing*, Minneapolis: University of Minnesota, 1999, p. 4.

[2] Ibid

[3] For a broad overview, see "Strength-based approaches to work with youth and families: An overview of the literature and web-based resources: an annotated bibliography of recent works and resources available on the world wide web," compiled by Dr. Laura B. Nissen, Portland State University, September 27, 2001. *(www.reclaimingfutures.org/PDFfiles/Strengths.pdf)*

[4] Drawn from correspondence and conversations with V. Bernstein, 2003.

[5] Ibid.

[6] Ibid.

[7] See S. Goldberg, "Social competence in infancy: A model of parent-infant interaction," *Merrill-Palmer Quarterly*, 23 (1977), pp. 152-176. and V. Bernstein, "Strengthening Families Through Strengthening Relationships: Supporting the Parent-child Relationship through Home Visiting," *Newsletter of the infant Mental Health Promotion Project, IMPrint*, Volume 35, Winter 2002-03.

[8] See V. Bernstein, "Strengthening families through strengthening relationships: Supporting the parent-child relationship through home visiting," *Newsletter of the infant Mental Health Promotion Project (IMPrint)*, Volume 35, Winter 2002-03.

[9] Pawl, J. H. and St. John. *How You Are Is As Important As What You Do*. Washington, DC: Zero to Three, 1998, p. 7.

[10] V. Bernstein, "Standing firm against the forces of risk: Supporting home visiting and early intervention workers through reflective supervision, *Newsletter of the infant Mental Health Promotion Project (IMPrint)*, Volume 35, Winter 2002-03.

[11] Campbell, S., Earley, N., and Gray, M. "Fortifying families against the 'forces of risk,'" *Zero to Three*, 19(5), April/May 1999, 27-34.

[12] V. Bernstein, "Standing firm against the forces of risk: Supporting home visiting and early intervention workers through reflective supervision, *Newsletter of the infant Mental Health Promotion Project (IMPrint)*, Volume 35, Winter 2002-03.

Observation/Viewing Notes: Mother and Child

Things the Baby did	Things the Mother did or said

After-viewing Reflection:

Put a check beside the behaviors you noted, that were also consistent with "mutual competence."

Remember, mutual competence is any interaction that enables both parties to feel secure, valued, successful, happy, or enjoy learning.

Observation/Viewing Notes: Home Visitor and Mother

Things the Mother or Child did or said	Things the Home Visitor did or said

After-viewing Reflection:

- What did you observe about the home visitor's behavior with the mother? How did she do her work — what techniques did she use?
- Again, put checks beside any examples of "mutual competence" between the mother and home visitor.
- In your small group discussion, share any other insights or questions that may emerge.

Observation/Viewing Notes: Supervisor and Home Visitor

Things the Home Visitor did or said	Things the Supervisor did or said

After-viewing Reflection:

- What did you see or hear that you would like to know more about?
- Where did you see "mutual competence" at work here? (Use checks.)
- Why were the open-ended questions so important?
- Think about any similarities you observed between the meetings of the supervisor and home visitor and the meeting of the home visitor and the mother.

IMPrint

Newsletter of the Infant Mental Health Promotion Project (IMP)

REPRINT

Volume 35, Winter 2002-03

STRENGTHENING FAMILIES THROUGH STRENGTHENING RELATIONSHIPS: Supporting the Parent-child Relationship through Home Visiting

Victor Bernstein, Department of Psychiatry, University of Chicago, Trainer and Co-founder of The Ounce of Prevention Fund Developmental Training and Support Program (Illinois)

Many families raise children successfully while living in difficult circumstances. Despite their daily difficulties, successful parents are able to develop nurturing relationships with their children that go beyond providing for their basic needs. They manage to maintain their energy and ability to make their children's well being a priority and to communicate to them that they are special (Rutter, 1990; Werner & Smith, 1992). Some families, however, have more difficulty coping with the stresses of living in poverty or having a child born with special needs. While most parents are able to provide for their children's basic needs, heightened stress may interfere with the ability of some to nurture their children and make them feel special. Caring for their children in such circumstance can be experienced as a burden. When this occurs, parents and children need extra support. It is now considered best practice in prevention and early intervention that supporting the parent-child relationship also supports the child's development (Barnard, Morrisset & Spieker, 1993; Bromwich, 1997).

Increasingly, home visiting is being used as a strategy to reach families when children's development is at risk. Theoretically, meeting families "where they are at" should encourage them to make better use of available services. The effectiveness of home visiting programs, however, is being called into question (Gomby, Culcross & Berman, 1999; Landy, 2001). Two factors seem to create this discrepancy between theory and practice. On the one hand, information and education programs often are ineffective because the focus of the work is based on the home visitor's agenda rather than that of the family (Barnard et al., 1988; Seitz, 1990). On the other hand "where the families are at" (their agenda) often is driven by immediate crisis. Home visitors tend to become depleted when they try to help families cope with a multitude of problems. The pattern typically evolves in the following manner. As one family problem is resolved (e.g., getting emergency food vouchers), another problem follows right behind (e.g., the family being evicted). Parents learn to expect that their interactions with home visitors will address problems. Consequently, supporting the parent-child relationship is pushed to the background. Staff and parents are drawn to what is going wrong in the family rather than to what is going well, and home visitors become exhausted. A well-documented characteristic of preventive intervention programs is high staff turnover (Daro & Harding, 1999). Although turnover is often thought to be the result of low salaries, exit interviews reveal that the primary cause of departure is stress-related burnout. Just like the families, home visitors need extra support.

Four activities are required to increase the effectiveness of home visiting programs:

1. Building positive relationships with families, while not becoming consumed by their problems (role fidelity)
2. Supporting the parent-child relationship to support the child's development
3. Identifying and building on strengths
4. Providing reflective supervision for home visitors to strengthen their skills and protect them from burnout

This article discusses the first three activities. The article on reflective supervision that follows addresses the fourth activity.

PRINCIPLE 1: The Parallel Process

"Do unto others as you would have others do unto others" (Pawl & St. John, 1998, p. 7). Nurturing begets nurturing. A caring, professional parent/family relationship supports a caring, nurturing parent-child relationship.

The Stages of the Helping Relationship: A Mutual Competence Model for Developing Nurturing, Caring, Professional Helping Relationships

The concept of "mutual competence" (Goldberg, 1977) provides home visitors with a lens for observing the parent-child interaction. The premise of mutual competence is that any interchange that contributes to the parent and child feeling secure, valued, successful, happy, or enjoying learning together is good for the development of the child as well as for the parent's sense of self-confidence in being a parent. The stages of the helping relationship model provide home visitors with a parallel perspective on using mutual competence to observe and reflect on their interchanges with families. We have found the following stages of the mutual competence model to be of great value in helping program personnel develop insight into how best to support the parent and the parent-child relationship.

Stage I—Recruitment and Orientation: Defining expectations. This stage lays the foundation for all future work with the family. Here families learn about the program's purpose and services. Home visitors explain and discuss with the family the goals of the program, the program's expectations of the family, and the family's expectations of the program. Home visitors also define their role in terms of what they can and cannot do.

Families need to know what to expect. This orientation stage defines what is legitimate for the program to address. Families need to know that a goal of the program is to support the parent-child relationship. A handout describing program activities with a parent-child relationship focus is useful in this regard (see Table 1). If a home visitor tries to address topics that are not covered as part of orientation or tries to change expectations after enrolment, she well may encounter resistance and anger (similar to that toward a mother-in-law who provides unwelcome advice). For example, one program's goal was to strengthen parent-child relationships, but it did not tell participants that this was the intent. Instead staff billed the program as educational and vocational. When they tried to talk about parenting, the participants became defensive. They accused staff of singling them out for correction, and their level of trust in the staff decreased. Staff correspondingly became reluctant to discuss the parent-child relationship.

Stage II—Acceptance: Even when we disagree. Unless a particular belief, activity or practice is against the law, unsafe, or defined as unacceptable during orientation (e.g., child abuse and neglect, or imminent danger to the child), home visitors are obligated to accept what the family chooses to do, even when they do not agree with it (e.g., smoking in front of the child). For a nurturing relationship to develop, it must be unconditional and based on trust and respect. Self-esteem (and subsequently motivation) derives in part from feeling valued and that we matter to another person. If participants sense that their home visitor is judging them, they will resist the program. Teenage parents are especially sensitive to correction — this is the source of most conflict with parents. Acceptance becomes the foundation of mutual trust and respect, and paradoxically, of change. To accept does not necessarily mean to agree with or ignore. If a home visitor disagrees with what she observes, the behaviour is disagreeable but not unacceptable. It is then perfectly legitimate to engage in a discussion with families (as in Stage III), but not an argument or power struggle.

Stage III—Understanding: Listening first, then sharing our expertise. People usually do not listen until they feel heard. Listening carefully to the family and making sensitive inquiries is a basic component of building the relationship and providing support. Taking the time to get to know the family's beliefs and practices about child rearing, especially related to the care of the infant, helps build the home visitor-family relationship. Taking the time to understand the family's point of view is an essential step in communicating that their beliefs and values have merit and are worth listening to. Family members who possess information on child health and development should be supported in sharing this information during the home visit. Home visitors can misinterpret the parent's behaviour with the child. Our cultural background, our personal childhood history, our education, and our family and friends contribute to what we believe is acceptable and unacceptable in the parent-child relationship. When authority figures impose their notions of what is best for the child, there can be unintended detrimental consequences for all involved (Fadiman, 1998).

The role of the home visitor, however, goes beyond listening. It involves using expertise and sharing information, resources, knowledge and experiences. If a particular family practice conflicts with the home visitor's notion of optimal child rearing and is a concern, the differences can be discussed. **Disagreeable differs from unacceptable** both in content and emotional tone. A disagreement involves a discussion that shares different experiences and points of view. Unacceptable implies "I am right and you are wrong," meaning that an idea or practice cannot be tolerated and needs to be changed to "my" way. Intolerance works against establishing a positive relationship with the family.

Instead, in response to a concern (something the home visitor may find worrisome or disagreeable) it is preferable to find out more about the issue through more observation, sharing the observation that is of concern, or asking questions about it. Over and over this process has proven to lead parents to reflect on

The Children's Home Association of Illinois
Good Beginnings Program

HOME VISITING
OUR PROGRAM HELPS BUILD STRONG PARENT-CHILD RELATIONSHIPS

WE BELIEVE:
- A strong parent-child relationship is important for the child's development and success in school
- Successful children make parents feel successful.
- Feeling successful is important to you as a parent.

Our program will help you to learn to understand your child's development and you and your child learn to communicate with each other more effectively.

TOGETHER WE WILL:
- Observe and discuss ways in which you and your baby interact with each other.
- Discuss specific things you and your child can do together which will help you both enjoy each other and feel successful.
- Look at how your child is growing and developing by doing the Battelle Developmental Screening twice a year.

LEARN HOW TO:
1. ENJOY BEING WITH EACH OTHER MORE
   Learn how to make routines like mealtime, bath-time, and a diaper change more enjoyable and to have more fun together during play time.
2. BETTER UNDERSTAND WHAT YOUR CHILD IS TELLING YOU
   Learn how to understand what he wants and when he is feeling hungry, tired, sleepy, lonely, sick, etc.
3. FEEL SUCCESSFUL AS A PARENT BY LEARNING HOW TO HELP YOUR CHILD WHEN HE NEEDS YOU
   Learn skills which will make feeling, meal time, or diaper changing easier and smoother. Learn how to help get to sleep.
4. FEEL SUCCESSFUL AS A PARENT BY HELPING YOUR CHILD TO COOPERATE
   Learn how to get and keep his attention, and how to help him get over being fussy.
5. HELP YOUR CHILD LEARN ABOUT THE WORLD THROUGH PLAY
   Learn to understand his development and which toys and activities are right for him.

Table 1 — Example of a handout

how they think and behave. Insight and new understanding often encourage parents to consider what they might do instead and can be a harbinger of change. Importantly, hearing the parent's point of view serves the same purpose for staff. When we are better informed, it is easier to accept family practices that may differ from our own. Once an observation has been discussed and inquiries made about a particular concern, it becomes natural to follow up with additional points of view and to **share expertise** based on experience and knowledge. Insights gained from gathering information allow knowledge and opinions to be shared appropriately according each family's needs. The home visitor takes the lead in sharing openly and sensitively. Her role is to facilitate a discussion in which everyone's point of view is presented.

The essence of **acceptance** is that families have the right to choose to live their lives differently from ours. Whatever the family's decision about an area of concern, it should result from parents sharing their perspective and home visitors sharing information. A decision should not be based on previous family habits or history as a result of avoiding discussion or the family's becoming entrenched in a position because the home visitor confronted the family. Empowerment means supporting parents in making their own informed choices. The role of staff expertise then becomes one of raising issues, discussing alternatives, and believing that families will choose what is best for themselves and their children — trusting the family to be the expert.

Stage IV—Agreement: Making a plan to support the parent-child relationship. Once the practitioner and the family have gone through the stages outlined above, they will be ready to reach mutual agreement on a plan of action. The goals of the plan (both for the program and the parent) refer back to those discussed in Stage I (Orientation). The parent's goals, with input from the home visitor, form the basis for the plan. For each goal, methods are identified for supporting positive, mutually satisfying parent-child relationships. Building positive relationships with families creates repeated opportunities to raise our concerns supportively within the context of the staff-parent relationship and to review and update goals to incorporate new information and what needs more attention.

Stage V—Accountability: Holding the family and the work in our mind. With the goal and plan from Stage IV in place, the home visitor needs to keep the goal in mind and remember what happens from one visit to the next. This involves keeping notes from each visit and planning for each visit based on the previous one. There should be continuity from one visit to the next to review what the parent and the home visitor together identified as being important. It is essential to inquire about progress regularly and to discuss, evaluate and revise goals as needed throughout the course of the work with the family. Attention to continuity and their shared efforts over time helps the family realize that they are "being held in the home visitor's mind" (Pawl & St. John, 1998). This gives the family the sense that they are important and that we think about them even when we are not with them.

PRINCIPLE 2: All family members want what is best for the child.

Practice using the stages

Consider the following vignette in terms of the stages of the helping relationship and the concepts behind best practice. A home visitor with a nursing background was upset that a grandmother was encouraging her daughter to give her six-week-old son cereal in the bottle. The home visitor was aware that the current position of most pediatricians is that solids not be introduced until four to six months of age. The grandmother-teen mother relationship requires tremendous respect and sensitivity when building positive relationships with families. Indeed, interfacing with the extended family can be challenging. Grandmothers must be included because young mothers often feel compelled to follow the grandmother's child-rearing advice, even when it conflicts with the program's. A home visitor who pushes for a different "correct" child-rearing practice may not be allowed in the home again.

In this scenario, the home visitor had not defined introducing solid food before six months as unacceptable during Stage I — Orientation. Stage II — Acceptance states that the home visitor needs to accept the behaviour as a valid value even if she disagrees. However, there was a concern that this practice might have adverse health consequences for the child. Acceptance does not mean avoidance. The home visitor can try to have a discussion with the grandparent about the child-rearing practice (i.e. Stage III — Understanding: Listening to family). The home visitor had knowledge that very young infants have immature digestive systems and can become constipated, develop diarrhea and become dehydrated, or even develop an allergic reaction to the cereal. She also knew that when a baby is having trouble digesting its food, the baby fusses, is colicky, and won't relax when being held (Stage III — Understanding: Sharing Expertise). This knowledge can be used in discussing this area of concern with the family.

Sharing observations and using inquiry as intervention

The home visitor might look for what is already working, for example by saying, "You said you put a teaspoon of cereal in the bottle, how is that working for the baby?" The grandmother replied that it had been working well, i.e., the baby was almost sleeping through the night. The grandmother went on to say that she had given each of her own five children cereal in the bottle and that they all had done well with it. The grandparent is stating that this "disagreeable" (to the home visitor) practice is working in this particular family. Stage II states that we must accept the grandmother's rationale as valid. At this point the home visitor focuses on what is working and validates the grandmother by saying, "You really know a lot about helping children learn to sleep through the night." Next because the home visitor has taken the time to listen (Stage III — Listening), the stage is set for her to share her knowledge (Stage III — Sharing Expertise). Using inquiry as intervention, she asks, "Did you know that some young infants have trouble digesting cereal before six months of age? How would you know if your grandchild

were having this problem?" The grandmother replied, "He might get diarrhea or a hard tummy or be fussy." The home visitor adds a few more characteristics (Stage III — Sharing Expertise). She says, "That's what I've seen too. Some other babies I've seen can even be constipated or develop an allergy to the cereal." The home visitor and the family are ready to find the common ground in the form of an agreement on a plan of action (Stage IV — Plan).

Now the home visitor asks, "If your baby began acting this way what would you do?" (Stage IV — Plan). All family members want what is best for the baby. They are not concerned about being right in their child rearing when they are concerned about the child's health. The grandmother replied, "I will take him off solid food and call the doctor." A confrontation has been avoided and important information has been shared and discussed in terms of what is best for the child both from the point of view of the grandmother and the home visitor. On the next visit, the home visitor asks, "How is it going with the baby getting solid food (Stage V — Accountability). If she still was concerned about the baby, she could even call before the next visit to ask (Stage V — Being held in another's mind).

Simply stated, the goal is to agree upon what is best for the child within the context of the family's values and culture, rather than pushing the "correct" child-rearing practice. What is best for the child becomes our common ground. By using this approach we are not arguing over values but searching for the best strategy. This approach parallels what Alicia Lieberman (1998) describes as culturally-sensitive intervention by tuning into each individual and family in the context of culture. Families must be asked about what they feel is important. If we are to be effective, our recommendations must take family values into account, be acceptable to the family, and address concerns that the family feels are important.

Supporting strengths in the parent-child relationship through identifying what works best for the child

Infants are at greater risk for child abuse or neglect when caregivers misinterpret the meaning of a baby's behaviour. If a parent learns that babies cry when they need something (e.g. to be fed or changed) and not because they are angry or trying to make their parents angry, the child's behaviour changes from unacceptable (i.e., my baby is angry with me) to acceptable (i.e., my baby needs my help and that is what mothers do). Reframing the meaning of a child's behaviour and explaining it to be developmentally appropriate helps parents accept the behaviour, and acceptance changes frustration to patience. Home visitors too need to learn about the "culture" of a particular family so that they can accurately interpret the meaning of what they observe and communicate acceptance to the family.

PRINCIPLE 3: Parents, not home visitors, are the experts on their children.

A central component of the home visitor's role is to help the parent interpret the meaning of the child's behaviour. An effective strategy is to focus comments and questions on the child's behaviour rather than on the caregiver's. For example on observing a positive or effective interaction between parent and child, a home visitor might share her observation either by comments such as "Oh look! He liked it when…" or "He quieted down when…" Then she may inquire about how the parent understood the meaning of the child's behaviour. For example, she might ask, "How did you know he enjoys that?" or "How did you learn that would help him calm down?" and "What made you decide to try that?" or "What else have you found that works?" Next the home visitor and parent might have a conversation about the child and her interaction with him or her.

The purpose of the conversation is to reinforce the parent's expertise in understanding the meaning of her baby's behaviour and to introduce the concept of developmental level. The parent knows what her baby means and she knows how to respond to her baby. In the course of the discussion, the parent becomes more aware of her child and her own actions to support the child's growth and development. While the interaction between parent and infant may be going well, discussion and reflection can sharpen the parent's awareness of her baby and what she can do to help the child grow and develop. The process of talking about a positive interchange strengthens the relationship through increased understanding. In contrast, commenting, or asking directly about a caregiver's actions, even if they are positive, can be risky. Saying, "You really did a good job when…" or "Why did you…?" puts the home visitor in the position of evaluating or judging the caregiver, albeit positively.

Sometimes interactions do not go so well. One effective strategy for increasing a parent's awareness and understanding of difficult interactions is to ask the parent to think about previous experiences when things went better, and then to try to understand the differences between the interactions. A home visitor might ask, "Do you think it would help if you tried this time what you found has worked before (in situations like this one)?" In this way, parents are helped to come up with their own answers and new responses to a situation based on what already is working for the family. Parents thus take ownership of the interactions with their child and responsibility for the changes they make, and home visitors become partners with parents in trying to figure out what works best for the child. Parents report that this type of help feels supportive and not judgmental.

Making "home movie" videotapes (Bernstein, 1997) of parents and young children engaged in everyday activities is a useful tool for using observation and inquiry to support the parent-child relationship. Most importantly, making and viewing the tape is fun for parents and provides a concrete and lasting means of showing parents how they and their babies grow together. Often parents want to watch the video immediately. Sometimes the video will be a film festival for the whole family. We organize our observations on a mutual competence grid (Table 2) with particular attention to what is working for the child and what we might say about it: "What did we see? What could we say?" Home movies increase parents' awareness of how the child communicates and what s/he likes best. If a parent observes a child becoming upset when watching the tape, most often the parent identifies what the problem is and what she might try instead without the home visitor needing to make any type of suggestion.

PRINCIPLE 4: The most important thing in working with a family is to read their cues.

One size or approach does not fit all. Parents recognize that they treat each of their children differently because the same child-rearing practices do not work in the same way with each child. For example, some children hate to have their parents raise their voice, while for others it is the best way to get their attention. In parallel, there is no one way to work with a family. Home visitors with different styles are effective. Some may be more directive, some less. Similarly, some families may respond better to a more verbal approach and others more to activities than discussion. When something is working, do more of it. If something is not, try another way. Check in with families for feedback on how the work together is going. Feeling listened to and respected, families will welcome home visitors into their homes. Rather than circling around the families' problems, it becomes joyful to connect the work with the child's growth and development.

PRINCIPLE 5: To be effective, home visitors require protected time to reflect on their work with their supervisor and peers. See next article.

Mutual Competence Model for Parent-Child Interaction
(after Susan Goldberg, 1977)

Question: What type of communication between parent and child is good for the development of the child and of the parent?

Answer: Any interaction that enables both the parent and child to feel to secure, valued, successful, happy, or enjoy learning.

	Behaviors Observed Supportive of Mutual Competence What is working?	Behaviors not observed, or Behaviors not consistent with the development of Mutual Competence Things we want to know more about	What could you say? (or do) Ask questions – gather more information. Make positive comments. Do more observation
CHILD			
PARENT			

PLAN:_____

Table 2 — Grid

References

Barnard KE, Magyary D, Sumner G, Booth CL, Mitchell S & Spieker S (1988). Prevention of parenting alterations for women with low social support. *Psychiatry*, **51**, 248-253.

Barnard KE, Morisset CE & Spieker S (1993). Preventive interventions: Enhancing parent-infant relationships. In CH Zeanah, Jr. (ed.), *Handbook of infant mental health* (386-401). New York, NY: Guilford Press.

Bernstein V. (1997, Winter). Using Videotapes to strengthen the parent-child relationship. *IMPrint*, **20**, 1-4.

Bromwich R (1997) *Working with families and their infants at risk*. Austin, TX: PRO-ED.

Daro DA & Harding KA (1999). Healthy families America: Using research to enhance practice. *The Future of Children*, **9**(1), 152-176.

Fadiman A (1997) *The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of cultures*. New York: Farrar Straus & Giroux.

Goldberg S (1977). Social competence in infancy: A model of parent-infant interaction. *Merrill-Palmer Quarterly*, **23**, 163-178.

Gomby DS, Culross PL & Behrman RE (1999). Home visiting: Recent program evaluations - Analysis and recommendations. *The Future of Children*, **9**(1), 4-26.

Landy S (2001, Winter). Fulfilling the promise of early intervention. *IMPrint*, **32**, 2-6.

Lieberman A (1998). Culturally sensitive intervention with children and families. *IMPrint*, **22**, 15-19.

Pawl JH & St. John M (1998). *How you are is as important as what you do*. Washington, D.C: Zero to Three.

Rutter M (1990). Psychosocial resilience and protective mechanisms. In J Rolf, AS Masten, D Cicchetti, KH Nuechterlein & S Weintraub (eds.), *Risk and protective factors in the development of psychopathology* (181-214). Cambridge, England: Cambridge University Press.

Seitz V (1990). Intervention programs for impoverished children: A comparison of educational and family support models. *Annals of Child Development*, **7**, 73-103.

Weissbourd B (1990). Family resource and support programs. Changes and challenges in human services. *Prevention in Human Services*, **9**(1), 69-85.

Werner EE & Smith RS (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.

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USING HOME VIDEOTAPES TO STRENGTHEN THE PARENT-CHILD RELATIONSHIP

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The Ounce of Prevention Fund (Illinois)

As part of a statewide Parents Too Soon Initiative (funded through the Department of Children and Family Services and private foundations), the Ounce of Prevention Fund (OPF) works with community-based programs that support families of adolescent parents (usually mothers) and their children. Approximately 3000 families are enrolled in these programs across Illinois. OPF allocates funding, assists program design and implementation, and monitors program activities. While programs vary from community to community, each offers parent education and peer support as well as weekly or bi-weekly home visiting. Programs also share common goals of helping teenage parents return to school, obtain vocational training, secure appropriate child care, and provide for the health and safety of their children. As well, programs aim to reduce subsequent pregnancies and child abuse and neglect among the families they serve.

The OPF Developmental Training and Support Program (DTSP) provides training, support and information to programs working to improve the developmental outcomes of teenage parents and their children. For staff (most often home visitors) to be effective, they must develop positive, supportive relationships with families. The DTSP provides on-going training to home visitors, parent group facilitators and supervisors for a two year period in order to assist staff in developing supportive helping relationships with families so that staff in turn may assist teenage parents to develop positive relationships with their children.

Rationale for Focusing on Strengthening the Parent-Child Relationship

Children born at environmental risk associated with extreme poverty have more than twice the incidence of developmental difficulties than other children (Kochanek *et al.*, 1987; Meisels & Wasik, 1990). Environmental risk factors affect the young child through the parent-child relationship, primarily by limiting the parent's emotional availability, sensitivity and skill in responding to their infant (Bernstein, Hans & Percansky, 1991). Adequate caregiving during the first year of life promotes the child's physical well-being as well as cognitive and motor development. Nurturing supports the child's emotional and social development. Research has shown that emotional and social development are as important to a child reaching fullest potential as are cognitive, language and motor skills. As well, early nurturing may be a better predictor of child preschool adjustment and school performance than early cognitive and motor skills (Seitz, 1990; Zigler & Trickett, 1978).

A nurturing parent-child relationship can protect a child from the consequences of being born into poverty. Briefly, nurturing makes a child feel special. The experience of feeling valued provides the foundation for the child to establish positive social relationships. The child's heightened self-esteem creates motivation for learning and achievement. When the family, school and community support the child's developing interests, the child develops the skills to transcend the limitations of poverty. The multiple stresses that usually accompany poverty can interfere with the development of a nurturing parent-child relationship. For this reason, program efforts need to focus on strengthening the parent-child relationship.

Home Videotapes

Our programs use home movies, made by staff, of parents and young children engaged in their daily routines, as a tool for enhancing parent-child communication. Making and reviewing such videotapes with parents occurs within a context of a positive staff-parent relationship. Videotapes are both fun for parents and provide a concrete and lasting means of allowing parents to see for themselves how they and their child communicate with one another. We videotape the family's daily routines because daily routines are familiar and there is usually less "performance anxiety" in familiar situations. If parents want additional scenes on tape, these will be included.

Parents and staff watch the videos together with one over-arching purpose: to provide the opportunity for parents to see for themselves how to develop the best possible relationship with their children. We strongly believe in the principle that all parents want to be the best parents they can and that parents can best decide what is best for them and their children. The process of videotape review is intended to provide parents with the clearest perspective on what works best for them and their child, and to provide a forum for them to consider how they and their child can better communicate with one another. The essence of increasing awareness is an emphasis on helping the parent **learn to observe** (rather than on parent instruction). Staff members keep three hierarchical goals in mind to accomplish this purpose.

1. **First discuss with the parent what is going to happen during the taping**. Try to have the videotapes of daily routines be relaxed and enjoyable and keep the video reviews fun. This is most important. Most interaction between parents and children occurs during daily routines. By highlighting routines we support the message that routines are important times that can be enjoyable rather than burdensome. Enjoying ordinary times together is a major component of a nurturing parent-child relationship.

2. **Focus on strengths**. Highlight moments when the parent and child feel good and effective (mutually competent) in their communication with one another. Videotapes offer parents the opportunity to see for themselves and become more aware of how they and their child communicate most effectively with one another. Very often parents figure out on their own what the child does and doesn't like as well as when things are working well for them and their child and when they are not.

3. **Address concerns through inquiry**. Combining observation and inquiry, staff members wait for a parent's reaction to the video. Once or twice during the review they might stop the tape and ask about what the parent is responding to on the tape. From time to time they may also stop the tape and ask about or comment on something positive the child was doing.

When the tape is finished they may discuss contrasting scenes — one where all goes well and one where there is a problem. Staff and parent discuss what they see. The mother is asked how she thinks the scenes differ. Then the parent can decide if there is anything from the more effective scene that can help her the next time there is a problem (this can then become a parent-program goal around strengthening the parent-child relationship).

By using this general framework for reviewing the videotape and by concentrating on the child's behavior rather than parent's, most parents are open and eager to discuss how they communicate with their children. Parents want the relationship to be a positive one and are naturally motivated to improve themselves given this relaxed, positive setting for sharing the video. Most importantly, they love seeing their children and (usually) themselves and express pride seeing children grow up as recorded in "home movies" every several months. These home movies are given to the family for them to keep.

Some Strategies for Strengthening the Parent-Child Relationship

These techniques represent a brief synthesis of the work of Rose Bromwich (1981), Ida Cardone and Linda Gilkerson (1989), Susan McDonough (1989, 1993) Jane Van Bremen (1993), Linda Elliot (1995) and various staff especially Gloria Fernandez from Latino Youth, Chicago.

Principle: When we make a comment, ask a question, or make an observation on a videotape about the child or the parent's behavior with the child, we are making the parent-child relationship a priority for our work, thereby supporting the parent-child relationship.

Assumptions: Effective use of strategies is based on:

- a positive **relationship** between staff and families
- **acceptance** of the parent, his or her beliefs and child-rearing practices
- **timing** strategies to the interests and concerns of the parent and sensitivity to the situation
- **helping the parent become more aware, problem solve, and make decisions** for her or himself rather than having the parent conform to our own beliefs
- **orientation of the parent to the importance of the parent-child relationship**

The sequence and timing in the use of the following strategies is based on the staff's judgment about what is best for a particular family and context.

1. **Listen empathically.** Begin with what the parent wants to discuss in order to identify her interests and concerns. Gather information (primarily about here and now). Then "pivot" to parent-child relationship, *e.g.* How do you think this might be affecting ... (you, your child, how you deal with your child)?

2. **Ask questions** about the parent's interests and concerns (to help me better understand what you mean).

3. **Share information** targeted at parent's interests and concerns. Using your expertise, increase parent's awareness/**understanding** through:
- Child development handouts, both on current level and for anticipatory guidance.
- "Normalize," *e.g.*, children learn to walk at different ages — there is a wide normal range.
- Identify parents' feelings ("How does that make you feel?" or "It seems to me that it makes you upset when he spills his food. Is that right?")
- Share a similar experience ("I felt that way too when my child started wanting to feed himself.")
- Share strategies that worked for you ("It really helped me when my mother suggested I put a sheet of plastic on the floor around him. I found that then I didn't have to worry about the mess.")

4. **Discuss.** Combine 1,2,3, above and encourage parents to talk about their relationship and the child's behavior. Search for parental concern to **agree** to work on involving the child.

5. **Plan.** Identify a **goal, activity and strategy** to address the concern.

OBSERVATION-BASED STRATEGIES

A. Sharing Observations of Parent-Child Interaction to increase the parent's awareness and understanding of her child's behavior.

- **Observe and identify** significant moments in the interaction based on your knowledge, experience and training.

- **Ask** the parent about her observations.
- **Share** your expertise through making positive comments generally based on what the child is doing. "See him looking at you? I think he likes to watch you." "He really likes playing with you."
- **Speak for the baby**. "Hi Mom. I'm glad you're here." "Mommy, I'm uncomfortable".
- "**Wondering Curiosity**" *e.g.*, ""I wonder what it feels like to be in that position." "I wonder if he prefers to play with one toy at a time or lots of toys."
- **Comment** about something the parent did that **made a difference** to the child, *i.e.*, the child felt understood and could realize his or her communication was a success. "It really helped him settle down when you picked him up."
- **Explain and interpret.** Share expertise or "plant seeds" ("normalization" can apply here too). "Most children who quiet down a while before bedtime sleep better at night."
- **Parental feedback and discussion** — "Is it fair to say that he likes it when you picked him up?" "What do you think?" "Do you agree?"

B. Challenging the Parent to Consider a Different Approach

- **Consider alternatives** based on sharing and discussion evolving out of observations, *e.g.*, "So the next time he cries, what do you want to do instead? How do you want to handle it?"
- **Encourage** the parent to try something new. "Has he ever been to the zoo? Do you think he'd like it? Do you want to go next time we get together?"
- "**Wondering Curiosity**" Does he know how to feed himself? I wonder what would happen if you let him have the spoon. Is that something you'd like to try? Do you want to do it now?

These strategies are most effective in response to a parent's comment or concern. The techniques are part of an **interchange** between staff and parent. Consider these interventions in terms of "units" of inquiry and commentary stemming from an immediate teachable moment. In early childhood education, these strategies are comparable to "closing the circle."

Units of Staff-Parent Interaction

1. **Dealing with a concern about feeding** (either parent's or staff's)

"Does he usually ... (feed in the current position)?"
"Have you ever ... (tried feeding him at the table)?"
"Would you like to try ... (to do that now)?"

Wait for the parent to react or make a comment about the change, or,

"Oh look! He likes feeding himself. He's ready for this." or,
"What do you think of ... (his being at the table)?"
"How do you want to ... (feed him) now?"

2. **Helping parent understand the child's developmental level** and sharing interpretations of the child's behavior (*e.g.* "He's not being bad, he's being independent — wanting to do things on his own.") can change the parent's "take" on what the child is doing and help the parent shift from frustration and impatience to acceptance and enjoyment of the child's emerging abilities. Helping the parent know what to expect from the child's behavior in the next several months (anticipatory guidance) can increase the parent's understanding of the child's behavior and develop empathy. Helping the parent consider how she will want to deal with a situation will develop her confidence (anticipatory coping). For example,

"Have you ever seen him ... (imitate you)?"
"Do you think he can ... (learn to play 'so big')?"
"Would you like to try ... (to teach him 'so big')?"or,
"When did he learn to ... (rock back and forth on all fours)?"
"Have you been working with (teaching) him ... (to develop his motor skills)?"
"What do you think he'll be learning next?"
"He'll probably be learning ... (to crawl) soon?"
"Have you thought what you'll do about ... (the cactus on the floor) when he does?"

3. **When parent shares a comment or concern, gather more information** rather than attempting to make it right or shift the discussion.

Parent: "Today is the first day I think he likes me."
Staff: "How does he show you that he likes you?" (Instead of saying, "Oh no! He loves you. You're his mother.")
Parent smiling: "He rubbed his head against my face."
Parent then kissed the child and smiled again. This allowed the parent to "see for herself."

Some questions for observations when the parent is finished looking at the videotape with staff.

1. "What did you think of the tape?"
2. "What did you like best?"
3. "Did anything surprise you? What?"
4. "Was there anything that ... (bothered you, or concerned you, or you didn't like)?"
5. "Is that (concern *e.g.*, child's aggression) something we can work on together?" or,
6. "What do you think we should try to work on now?"

Most parents thoroughly enjoy the experience of being videotaped and learning about how they and their children communicate with each other. They are eager to discuss their children's development and activities they can do together to encourage development. Home videotapes help staff and parents maintain their focus on what is positive without limitations of environmental risk. When families enjoy seeing themselves on videotape, have fun with their children, and connect positively with service providers, they are given opportunities to move forward and build the kinds of nurturing relationships with their children that promote healthy development.

References

Bernstein VJ, Hans SL, & Percansky C (1991). Advocating for the young child in need through strengthening the parent-child relationship. *Journal of Clinical Child Psychology* **20**, 28-41.

Bromwich RM (1981). *Working with Parents and Infants: an interactional approach*. Austin, TX: PRO-ED.

Cardone IA & Gilkerson L (1989). Family Administered Neonatal Activities: an innovative component of family-center care. *Zero to Three* **10**, 23-28.

Elliot, L (1995). "Techniques for improving parent-child interaction." Training presented at the Hawaii Family Stress Center, Honolulu.

Kochanek TT, Kabacoff RI, Lipsett LP (1987). Early detection of handicapping conditions in infancy and early childhood: Toward a multivariate model. *Journal of Applied Developmental Psychology* **8**, 411-420.

McDonough SC (1989). Interaction Guidance: Using video feedback for treatment of early relationship disturbances. Paper presented to the National Center for Clinical Infant Programs, 6th Biennial National Training Institute, Washington, D.C.

McDonough SC (1993). Interaction guidance: Understanding and treating early infant-caregiver relationship disturbances. In CH Zeanah (Ed). *Handbook of Infant Mental Health*, New York: Guilford, 414-426.

Meisels SJ, Wasik BA (1990). Who should be served? Identifying children in need of early intervention. In SJ Meisels & JP Shonkoff (Eds.) *Handbook of Early Intervention*, New York: Cambridge University Press, 605-633.

Seitz V (1990). Intervention programs for impoverished children: A comparison of education and family support models. *Annals of Child Development* **7,** 73-102.

Van Bremen J (1993). "The questions you ask make me think." Unpublished manuscript. Erikson Institute for Early Childhood Education, Chicago.

Zigler E, Trickett P (1978). IQ, social competence and evaluation of early childhood intervention programs. *American Psychologist* **33**, 789-798.

Transcript of Soto Family Tape:

The Characters:

MOTHER:Anne Marie

BABY: Alexis Marie

HOME VISITOR: Edie

SUPERVISOR: Gretchen

I. Introductory Sequence with Victor and Sally

VICTOR: The most important thing about the whole process is that it be comfortable and natural. You can tell by the parent's face when we're watching it if we're on track. So much of our work traditionally has been helping people with their problems and we talk about identifying and building on strengths, but it's so hard to do. When you use the video, it just blows up out of proportion this moment that you can try too understand, but its really about creating opportunities or discovery. It feels so good to everybody to start with that baby—that beautiful child—and then that most wonderful ordinary miracle of the parent-child relationship and use that as the starting point for our work—the focus of our work. It just feels like the right place to be.

SALLY: I can remember when we started this. Intellectually we knew that we needed to do that and we talked about it and talked about it and analyzed, and it was really hard to do. Once we started using videotape it made those ordinary miracles fill up the work. All of a sudden we could stop and see all the ordinary, wonderful things that were happening between parent and child that we were missing, because we were moving so fast. It gives us an opportunity to slow it down and SEE it.

II. Opening family sequence – Mother feeding Baby

Mother talks to baby as she feeds her; e.g.: Mmmh. You want some more? Can you see it? I bet you want something to drink. …

III. Full screen of Edie and Mother

EDIE: We're going to watch the videotape that we made of you and Alexis. Push Play, we'll watch some of it, and then maybe we'll stop it.

IV. Inset of Mother and Child is added to screen

MOTHER: Its so hard to realize that I'm a Mom now.

EDIE: One thing I notice is that you talk to her a whole lot and you explain to her what you're doing, which is really good.

MOTHER: I just want her to know that I'm giving her all the attention she deserves.

EDIE: You're doing a good job. See how you just lowered yourself a little bit to kind of get a better angle to her? What made you do that?

MOTHER: Just to let her realize that I'm there and I'm trying to feed her.

EDIE: And see right there, how she was looking at your eyes… See right there she did it again, she looked at your face.

MOTHER: This is really neat to see myself. I have people tell me I'm a good Mom, but to see it, that makes me feel a lot better.

EDIE: And you can tell when she looks at you and smiles at you, you're the most important thing to her. …You see her try to recognize those [peaches]. Is that how she usually reacts?

MOTHER: Yep. She usually gives me that 'little weird look' when I'm feeding her [something different].

EDIE: And you're making it fun for her, which is important to her, because that's her first experience…

MOTHER: Are you going to make me cry [as she brushes away a tear]. I see how happy she is and that makes me feel really good.

EDIE: What do you think she's thinking?

MOTHER: That I'm silly. [then a moment later] I wish I knew what she was thinking; there could be a million things going on — could be anything.

V. Full screen of Edie and Gretchen (w/2 insets)

GRETCHEN: Look how happy she is … [in reference to Edie's statement about how the Mother talks to the baby a lot]. She's smiling. That was a good confirming statement . . . [in reference to lowering yourself]. That was a good one too. Did she seem to be aware of that? Did she pick up on what you were saying?

EDIE: Yeah, I think so.

GRETCHEN: It's really good how you point out specific things to her that she can see … how she's tuned in.. . . This is so powerful when she's seeing this. [comment on Mother's comment] … She knows those 'little weird looks'. [to Edie with reference to Mother's comment about making her cry] How did that affect you when she did that?

EDIE: I think it made me realize how powerful it was for her to see it. . . . I had lots of other things I wanted to point out to her.

GRETCHEN: Like what?

EDIE: As far as the feeding…how she knew that she wanted more food…but part of the experience was just letting her see herself. So it will be a good video to go back to talk to her some more about.

GRETCHEN: So, are you going to take just that segment back and talk about it a little bit?

EDIE: I might do it that way. And I might ask her…I'm sure she would like to see the video again, because it changes each time you see it. I think I probably will offer that opportunity to watch it again, because that way we can stop . . . it's a new experience for her. I think its important to let her just watch it. She really was interested in watching.

GRETCHEN: You probably are right that it would have frustrated her if you had kept interrupting her. [Later, after Edie had said, "Look how you pace yourself, you just go with her flow] That was such an affirming thing to say to her. . . real, specific praise. That's great.

EDIE: She does have an idea of what to look for.

GRETCHEN: And you're helping her with that with the questions that you're asking to help her be more tuned into that.

Final Sequence of Victor and Sally Dialog

VICTOR: She (Mother) is defining for herself what she does that makes her a good parent. These are the skills that make you a good parent—to know what your baby's behavior means and to act accordingly. Edie is drawing that out from her instead of telling her, and it's really cool that Gretchen happened to notice that was what Edie was doing—exactly the same thing—to point out to Edie, "Look how that's working." Right on target.

Cut to Screen of 3 Insets; then to Full Screen of Mother and Edie (with inset of Mother and Baby)

MOTHER: If that wasn't me and that was somebody else and their child, it would be like they're doing the best that they can. It just makes me happy.

Back to Victor and Sally

SALLY: Look at her face.

VICTOR: Yeah, its her face and asking her what she knows, and that she can say it so clearly. I just think that must be reassuring—"I can really explain what this is about." I think the reassurance is in being able to say it for yourself, not having somebody else give you feedback that you're on target…That's what I see happening.

SALLY: And the same moment happened when Gretchen asked Edie, "What did you (Edie) see in that? How do you think you'll use it…?" All of a sudden she (Edie) was really engaged and thinking.

TOGETHER: It's a parallel process! It really is.

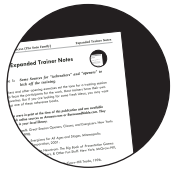
Final 3-Shot Screen

VICTOR (voice over): Look at the Mom and the baby and look at the Mom watching herself.

SALLY: Look at her connection.

VICTOR: Well, there's our little ORDINARY MIRACLE.

MODULE I: Expanded Trainer Notes



Trainer Note 1: *Some Sources for "icebreakers" and "openers" to kick off the training.*

Icebreakers and other opening exercises set the tone for a training session and help focus the participants for the work. Most trainers have their own set of favorites. But if you are looking for some fresh ideas, you may want to pick up one of these reference books.

These titles were in-print at the time of this publication and are available through such online sources as Amazon.com or BarnesandNoble.com. They may also be in your local library.

Marlene Caroselli. *Great Session Openers, Closers, and Energizers*. New York: McGraw-Hill, 1998.

Elizabeth S. Foster. *Energizers for All Ages and Stages*. Minneapolis: Educational Media Corporation, 2001.

Edward Scannell and John Newstrom. *The Big Book of Presentation Games: Wake-Em-Up Tricks, Ice Breakers, & Other Fun Stuff*. New York: McGraw-Hill, 1998.

Edie West. *201 Icebreakers*. New York: McGraw-Hill Trade, 1996.

Look for these titles in libraries, online, or anywhere that secondhand books are sold:

Sue Forbess-Greene. *The Encyclopedia of Icebreakers*. San Diego: Applied Skills Press, 1983.

John W. Newstrom and Edward Scannell. *Games Trainers Play*. New York: McGraw-Hill, 1980.

R. W. Pike. *Creative Training Techniques Handbook*. Minneapolis: Lakewood Books, 1994.

Trainer Note 2: Strength-based Focus

This training is strength-based. The training focus is on what is working (rather than what is wrong that must be fixed). Being able to see for one's self what works in nurturing one's own child is a source of reassurance. In today's society, stress is the enemy of nurturing. Stress frequently blocks a parent's ability to see what is working and to build on those strengths. The process of using videotape to help parents gain an awareness of their innate abilities to nurture their children produces stress-busting outcomes. What is taught in this training can help parents bring their intuitive nurturing skills to a mindful or conscious level. The videotaping helps parents see the "ordinary miracles" take place, and this recognition reinforces the value and use of those strengths.

Trainer Note 3: Cultivating Mindful Subconsciousness

Why is it so important to point out the small actions/behaviors that a parent uses to interact or connect with the baby?

In observing and commenting, we are cultivating *mindful subconsciousness*. When parents are under stress (in a hurry to get out the door to go to work, have three other children who need their attention too, or are worried about how they are going to pay the bills this month or buy the groceries this week), the attention to small acts that keep parent and child connected may be overlooked. When a parent's stress level is low, these small acts are performed at an almost subconscious level. But if these small acts are cultivated or reinforced (e.g. by observing oneself on videotape) or by a home visitor (e.g., "There, you moved your head down to her level. What made you decide to do that?"), the almost subconscious act can become a mindful, conscious behavior. *The little things that keep us in close, caring relationships act as a buffer against the detrimental effects of stress (the forces of risk). The small caring gestures that tell a child he or she is "special" are also building resilience in the young child.* The ability to stay focused on the child, especially at a highly stressful time, is a strength to be nurtured.